

TRAVEL EXPENSE CLAIM

**See Instructions and Privacy
Statement on Reverse Side**

STD 262 (REV. 10/92)

Page 1 of

1

CLAIMANT'S NAME			SSAN OR EMPLOYEE NUMBER		DEPARTMENT	
Robert Terra					Washington DC Office	
POSITION		CB/ID NUMBER	DIVISION OR BUREAU			INDEX NUMBER
Communications Director						
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS			TELEPHONE NUMBER
CITY	STATE	ZIP	CITY	STATE	ZIP	

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION					BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE			
										MILES	AMOUNT			
16-Dec		Washington, DC									0.00	49.00	49.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
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											0.00		0.00	
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											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0	0.00	49.00	
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL												\$49.00		

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

State Budget Publication

NORMAL WORK HOURS
PRIVATE VEHICLE LICENSE NUMBER
MILEAGE RATE CLAIMED 0.445
AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER 240823

HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

pertaining to vehicle safety and seat belt usage.

L/	DATE	SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
	12-16-09		12-16-09
IGNATI	TITLE OF AUTHORITY FOR SPECIAL EXPENSES		DATE
			1/4/10